



Office of the  
State Superintendent of Education

DIVISION OF EARLY CHILDHOOD EDUCATION

**INSTRUCTIONS FOR COMPLETING  
THE UNUSUAL INCIDENT REPORT (UIR) FORM**

Completed forms should be faxed to the Compliance and Integrity Division (CID) at 202 -727-7295.

Unusual incidents can also be reported via the dedicated hotline at 202-727-2993 or emailed to [OSSE.ChildcareComplaints@dc.gov](mailto:OSSE.ChildcareComplaints@dc.gov)

**Definition: An “Unusual Incident” is any event that is not ordinary to the regular or established procedure that may adversely affect the health, safety or well being of any child or children in the child care facility.**

*Examples include, but are not limited to: accident or injury; physical, sexual, or verbal abuse of a child by staff or other child(ren); staff negligence; communicable disease occurrence; facility / property issues, including building security, theft, arson, bomb, fire threats, false alarms; and request for information or access to the participation from the press, attorneys, government officials outside OSSE/ECE; or persons other than those authorized by the parent.*

**UIR Forms must be filled out completely and accurately.**

**PART I – REPORTING INDIVIDUAL -** Enter required information

**PART II – INCIDENT INFORMATION -** Enter required information

NOTE: Upon completion of item #7, if there are no other persons involved and no witnesses, skip to PART III and complete the details of the incident.

**PART III – DESCRIPTION AND DETAILS OF INCIDENT**

Enter complete information on who was involved, what occurred, where the incident occurred and how it occurred. List first and last names of everyone involved.

**PART IV – WHAT ACTIONS WERE TAKEN AND BY WHOM**

Enter any actions that were taken in response to the incident, such as police or family notified, medical treatment provided, etc. Also indicate corrective measures taken to prevent reoccurrence, including administrative, managerial or disciplinary actions taken and by whom.

**SIGNATURE REQUIREMENT**

The reporting person’s signature and date of signing is required.



Office of the  
State Superintendent of Education

COMPLIANCE AND  
INTEGRITY DIVISION  
PHONE: (202) 727-2993  
FAX: (202) 727-7295

**UNUSUAL INCIDENT REPORT FORM**

MAILING ADDRESS:  
810 First Street, NE  
4<sup>th</sup> Floor  
Washington, DC 20002

**PART I - REPORTED BY**

1. PERSON REPORTING INCIDENT TO CID		FACILITY NAME:	
TITLE/POSITION		ADDRESS	
Home Telephone Number (with area code):		DIRECTOR/ OWNER	
DATE REPORTED	TIME REPORTED	OFFICE #	CELL #

**PART II - INCIDENT INFORMATION**

2. Date of Incident:		3. Time of Incident:		4. Date of Report:	
5. Type of Incident: (accident, injury or unusual occurrence)					
6. Incident Location Address:					
7. Person Involved (Adult <input type="checkbox"/> Child <input type="checkbox"/> Age _____ NAME: _____ <i>Last First Middle</i> Home Telephone Number (with area code): _____			8. Person Involved (Adult <input type="checkbox"/> Child <input type="checkbox"/> Age _____ NAME: _____ <i>Last First Middle</i> Home Telephone Number (with area code): _____		
9. Person Involved (Adult <input type="checkbox"/> Child <input type="checkbox"/> ) NAME: _____ <i>Last First Middle</i> Home Telephone Number (with area code): _____			10. Person Involved (Adult <input type="checkbox"/> Child <input type="checkbox"/> ) NAME: _____ <i>Last First Middle</i> Home Telephone Number (with area code): _____		
Additional persons involved attach a separate sheet.					
11. Witness 1: NAME: _____ <i>Last First Middle</i> 11a. Home Telephone Number (with area code): _____			12. Witness 2: NAME: _____ <i>Last First Middle</i> 12a. Home Telephone Number (with area code): _____		
13. Witness 3: NAME: _____ <i>Last First Middle</i> 13a. Home Telephone Number (with area code): _____			14. Witness 4: NAME: _____ <i>Last First Middle</i> 14a. Home Telephone Number (with area code): _____		
Additional witnesses attach a separate sheet.					

### PART III -DESCRIPTION AND DETAILS OF INCIDENT

**15. Who, What, Where and How:** (If necessary, attach a separate sheet for additional information)

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

**PART IV - WHAT ACTIONS WERE TAKEN AND BY WHOM**

[illegible]

**Signature** \_\_\_\_\_